



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

1. The assumed business name is: _____
2. The assumed business name was filed with the Secretary of State's Office on _____ as file number _____.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

6. ☐ The type of business is amended to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. ☐ Amend mailing address for future correspondence to:

 (Name)

 (Address)

 (City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

 (Name)

 (Address)

 (City) (State) (Zipcode)

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

INSTRUCTIONS

Optional: If the document requires a correction, please list contact information where we can reach you.

Phone Number

Email address

- Line 1. Enter the name of the assumed business name as it currently is filed with the Office of the Secretary of State.
- Line 2. Enter the date the assumed business name was file with this office and under what file number (your file number will start with "D")
- Line 3. Mark this box if you wish to cancel the entire filing of the assumed business name.
- Line 4. If this amendment is to change name of the business you may indicate the new business name here. It is advised that you contact the Office of the Secretary of State to check to see if someone has already filed for the name you would like to use.
- Line 5. If this amendment is to add or delete an owner of the assumed business name you do so in this area.
Note: This is **NOT** where you change the business name.
- Line 6. Mark this box if this amendment is to change the type of business being transacted.
- Line 7. If you would like to change the mailing address for future correspondence sent from this office, you do so in this area. (If the amendment **ONLY** changes the mailing address, the filing is free-of-charge.)
- Line 8. Enter the address for the acknowledgement copy of this filing to be returned to.

Signature. The certificate must be signed by each person included on the certificate or by an agent acting on behalf of all persons included on the certificate. Print the person's name, and then sign below.

The fee for filing an amendment is \$10.00. Make checks payable to Idaho Secretary of State.

There is no fee for filing a mailing address change (Line 7) or a cancellation (Line 3).

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.